STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type full) is changed) over the lines	12FE4M5
Maynard Coor	per & Gale PC PAC	
ADDRESS (number and	1901 Sixth Avenue North	
(Check if address is changed)	2400 Regions/Harbert Plaza	
	Birmingham	AL 35203 _ 2618
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	thosp@maynardcooper.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0.1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00272724	
4. IS THIS STATEN	ENT NEW (N) OR X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct a	and complete
Signature of Treasurer	Electronically Filed by Edward A Hosp	Date 04 / 24 / 2009
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing this Sta	
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530	